

FILED
U.S. DISTRICT COURT
DISTRICT OF WYOMING

2020 JUN 18 AM 11:03

MARGARET BOTKINS, CLERK
CASPER

United States District Court
District of Wyoming

FRANKLIN ROSS ALLEN 5307

Plaintiff(s)

(In the space above enter the full name(s) of the plaintiff(s). If you cannot fit the names of all of the plaintiffs in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names),

v. (-against-)

NATRONA COUNTY DETENTION CENTER

Defendant(s)

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Section IV. Do not include addresses here.)

Case No. 20 CV 107-J

*(To be filled out by Clerk's
Office only)*

COMPLAINT

(Pro Se Prisoner)

Jury Demand?

Yes

No

NOTICE

Federal Rule of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

COMPLAINT

Indicate below the federal legal basis for your claim, if known. This form is designed primarily for pro se prisoners challenging the constitutionality of their conditions of confinement, claims which are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).

42 U.S.C. § 1983 (state, county, or municipal defendants)

Action under Bivens v. Six Unknown Federal Narcotics Agents, 403 U.S. 388 (1971) (federal defendants)

PLAINTIFF INFORMATION

ALLEN, FRANKLIN R

Name (Last, First, MI)

Aliases

36797

Prisoner ID #

MATRONIA COUNTY DETENTION CENTER

Place of Detention

Institutional Address 201 N DAVID ST
NATRONA, CASPER WY 82601
 County, City State Zip Code

PRISONER STATUS

Indicate whether you are a prisoner or other confined person as follows:

Pretrial detainee
 Civilly committed detainee
 Immigration detainee
 Convicted and sentenced state prisoner
 Convicted and sentenced federal prisoner

DEFENDANT(S) INFORMATION

Please list the following information for each defendant. If the correct information is not provided, it could result in the delay or prevention of service. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper using the same format for any additional defendants.

Defendant 1: NATRONA COUNTY DETENTION CENTER
 Name (Last, First)

Current Job Title

201 N DAVID ST

Current Work Address

NATRONA, CASPER WY 82601
 County, City State Zip Code

Defendant 2: _____
 Name (Last, First)

Current Job Title

Current Work Address

County, City

State

Zip Code

Defendant 3:

Name (Last, First)

Current Job Title

Current Work Address

County, City

State

Zip Code

Defendant 4:

Name (Last, First)

Current Job Title

Current Work Address

County, City

State

Zip Code

STATEMENT OF CLAIM ONE

Place(s) of occurrence: NATRONA COUNTY DETENTION CENTER

Date(s) of occurrence: 4-1-20 through 5-31-20

State which of your federal constitutional or federal statutory rights have been violated:

87th Amendment Cruel and Unusual Punishment

State here briefly the FACTS that support your case. Describe how each defendant was personally involved in the alleged wrongful actions, state whether you were physically injured as a result of those actions, and if so, state your injury and what medical attention was provided to you

FACTS:

What happened to you?

NATRONA COUNTY DETENTION CENTER. Refused to get me the medical treatmet 4 needed. Refused to get me to a doctor. Refused to pay for medical treatmet. Refused to take me to E.R. until 4 days 4 filing a grievance. Left me in Extreme Pain for 56 days. Refused to get me the Cancer treatmet 4 needed. And Cancer Permanently Damaged my ONE kidney. Right kidney. Now Urologist says I only got 3 months to live. NCDC also. Would not give me my pain meds as prescribed. Not once in 56 days did I get my pain meds as prescribed.

Who did what?

NCDC Refused to get me medical treatmet when I needed it. Said they weren't liable. Claims Pre existing medical conditions

for 30 days of me writing requests and
verbally telling nurses I was in pain. did not
get me to a doctor or give me my Meds as
needed 56 days of extreme pain

Was anyone else involved?

STATEMENT OF CLAIM TWO

Place(s) of occurrence: _____

Date(s) of occurrence: _____

State which of your federal constitutional or federal statutory rights have been violated:

State here briefly the FACTS that support your case. Describe how each defendant was personally involved in the alleged wrongful actions, state whether you were physically injured as a result of those actions, and if so, state your injury and what medical attention was provided to you.

FACTS:

What happened to you?

Who did what?

Was anyone else involved?

[Attach additional sheets of paper using the same format for additional claims.]

ADMINISTRATIVE PROCEDURES

PLEASE NOTE: Prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions. 42 U.S.C. § 1997e(a). Your case may be dismissed if you have not exhausted your administrative remedies.

Exhaustion of Administrative Remedies as to Claim One

(a) Is there a grievance procedure at your institution? Yes No

(b) Have you filed a grievance about the facts in claim one? Yes No
(If you did not file a grievance, skip to d.)

(c) If your answer is YES:

- Was the grievance: Informal Formal Both NOT SURE
- What was the result? Want To Appeal They Deny
Refused to get me treatment
- Did you appeal? Yes No
- If you did appeal, what was the result? Turned in final appeal
To Sheriff 6-8-20 Still have not heard back

(d) If your answer is NO, explain why you did not file a grievance: _____

Exhaustion of Administrative Remedies as to Claim Two

(a) Is there a grievance procedure at your institution? Yes No

(b) Have you filed a grievance about the facts in claim one? Yes No
(If you did not file a grievance, skip to d.)

(c) If your answer is YES:

- Was the grievance: Informal Formal Both
- What was the result? _____

3. Did you appeal? Yes No

4. If you did appeal, what was the result? _____

(d) If your answer is NO, explain why you did not file a grievance: _____

[Attach additional sheets of paper using the same format for additional claims.]

RELIEF

State briefly what you want the Court to do for you. Make no legal arguments. Cite no cases or statutes.

4 want paid for my 56 days of Extra Pain
\$15,000.00 And 4 want another \$15,000.00
Because they Shortened my life to 3 months
Because they refused to get me treatment on
time

PRISONER'S LITIGATION HISTORY

The “three strikes rule” bars a prisoner from bringing a civil action or an appeal in forma pauperis in federal court if that prisoner has “on three or more occasions, while incarcerated or detained in any facility, brought an action or appeal in a court of the United States that was dismissed on the grounds that it is frivolous, malicious, or fails to state a claim upon which relief may be granted, unless the prisoner is under imminent danger of serious physical injury.” 28 U.S.C. §1915(g).

Have you brought any other lawsuits in state or federal court while a prisoner? Yes No

If yes, how many? _____

Number each different lawsuit below and include the following:

Name of case (including defendants' names), court, and docket number

Nature of claim made

How did it end? (For example, if it was dismissed, appealed, or is still pending, explain below.)

PLAINTIFF'S DECLARATION AND WARNING

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost or burden on the parties or on the court.

cost of litigation; (2) is supported by existing law or by a non-frivolous argument for extending or modifying existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the facts in this complaint are true to the best of my knowledge, information and belief. I understand if this certification is not correct, I may be sanctioned by the Court.

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Plaintiff must sign and date the complaint and provide prison identification number and prison address.

6-11-20

Dated

Franklin Ross Allen

Plaintiff's Signature

ALLEN FRANKLIN R

Plaintiff's Printed Name (Last, First, MI)

36797

Plaintiff's Prison Identification #

201 N DAVID ST

Prison Address

CASPER

City

WY

State

82601

Zip Code

CERTIFICATION OF MAILING

I declare under penalty of perjury this Complaint was placed in the institutional mailing system or deposited with prison officials on the 6-11-2020
(month, day, year). I attest first-class postage has been prepaid.

Executed (signed) on 6-11-2022. (date)

Franklin Ross Allen
Signature of plaintiff